#10/An .03/07 ME 1-7-62

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

In re application of : December 20, 2002

Renshaw : IBM Corporation

Ser. No. 09/452,927 : Dept.T81/Bldg. 503

Filed: Dec. 02, 1999 : P.O. Box 12195

For: Form Data Files Generator : Res. Tri. Park, NC 27709

Art Unit: 2122

Examiner: Chuck Kendall

AMENDMENT AFTER FINAL

Assistant Commissioner for Patents

Box After Final

Examiner: Chuck Kendall Telephone: 703-308-6608 Washington, DC 20231

Sir:

In response to the final Office Action mailed on October 24, 2002, the following remarks are respectfully submitted:

REMARKS

In the Office Action, the Examiner noted that Claims 1 through 35 were pending in the Application. Claims 1 - 4, 7, 18 - 21, 24 and 35 were rejected under 35 USC Section 102(e) as being anticipated by U.S. Patent No. 5,999,729 to Tabloski, Jr. et al. (Tabloski). Claims 5, 6, 8 - 13, 22, 23, and 25 - 30 were rejected under 35 USC Section 103(a) as being unpatentable over Tabloski as applied to Claim 4 in view of U.S. Patent No. 6.018,627 to Iyengar et al (Iyengar). Claims 14 -17 and 31 - 34 were rejected under 35 USC Section 103(a) as being unpatentable over U.S. Patent Number 6,263,498 to Alcorn et al. (Alcorn) as applied to Claim 1 in view of U.S. Patent No. 6,083,276 to Davidson et al. (Davidson). Applicant traverses these rejections below.

Serial No. 09/452,927

IBM Docket No. UK9-99-029

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Transmittal of Amendment After Final

Date: December 20, 2002

In re Application of: Renshaw, D.

Serial Number: 09/452,927

Filed: December 2, 1999

For: Form Data Files Generator

Art Unit: 2122

Examiner:

Chuck O. Kendall,

Telephone 703-308-6608

X No additional fee is required.

The fee due for this response is calculated below.

Claims Rema After Amend		Highest Number Already Paid For*			Present Extra	Rate		Additional Fee	
Total	35	-	35	=	0	@	\$18.00	=	\$0.00
Independent	3	-	3	=	0	@	\$84.00	=	\$0.00
First Presentation of Multiple Dependent Claims							\$280.00	=	\$0.00
Petition Fee(s) (Non-Fee)							=	\$0.00	
TOTAL									\$0.00

*Total claims previously paid for must be 20 or more. Independent claims previously paid for must be 3 or more.

Please charge the Deposit Account identified below for the TOTAL set forth above. The Commissioner is authorized to charge payment of any additional fees required under 37 CFR §1.116 and 37 CFR §1.117 or to credit any overpayment to the designated Deposit Account. A duplicate copy of this sheet is enclosed.

Catherine M. Robbins

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